



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E439856**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	PIPE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-01672
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	07	-	04	-	2015			1649	31		
										N	E
										S	W
										IN	OF
											0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
E LAKESHORE DR	BLOCK NO. <input checked="" type="checkbox"/>	1400
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
		FEET	S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3603487339
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LAST NAME	BREEN	FIRST NAME	JASMINE	MIDDLE INITIAL	E
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STREET NEW ADDRESS	18918 BROADWAY AVE
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CITY	SNOHOMISH	ST	WA	ZIP	982967934
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	BREENJE078DC	STATE	WA	SEX	F	D.O.B. MMDDYYYY	03	-	03	-	1993
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B36463R	STATE	WA	VIN#	1FTYR10D35PA47443
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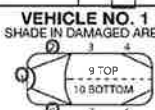
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	FORD	MODEL	R10PU	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ERNEST NICHOLSON 18918 BROADWAY AVE SNOHOMISH WA 98296 D: 4254222340

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATEFARM 232 5619-A13-47L
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252899959	N: 5096095011
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LAST NAME	GAVOSTO	FIRST NAME	THOMAS	MIDDLE INITIAL	S
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STREET NEW ADDRESS	11724 2ND PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	GAVOSTS449D7	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	-	27	-	1956
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	1	EJECT	9	HELMET USE	1	INJURY CLASS	5	NATURE OF INJURIES
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LEFT LEG AND RIGHT WRIST

LICENSE PLATE #	2D1889	STATE	WA	VIN#	1HD1PFD103Y956640
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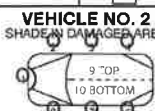
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	HD	MODEL	FXSTS	STYLE	RS	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RESCUE TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. THOMAS GAVOSTO 11724 2ND PL NE LAKE STEVENS WA 98258 D: 4252899959 N: 5096095011

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	D. PLANALP	BADGE OR ID #	102	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E439856**

CASE # **15-01672**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

NARRATIVE

V-1 was driving eastbound in the 1400 BLK of E Lakeshore DR. V-2 was driving westbound in the 1400 BLK of E Lakeshore DR. V-1 stated that she was stopped and waited for westbound traffic to clear and then began to turn left/north into a driveway. V-2 was unable to stop in time and the front of V-1 collided into V-2. V-1 stated that V-2 came out of nowhere and did not see V-2. V-2 was transported by AID to Harborview Hospital with left leg and right wrist injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-04-15 06:07 PM

DATED

PLACE SIGNED

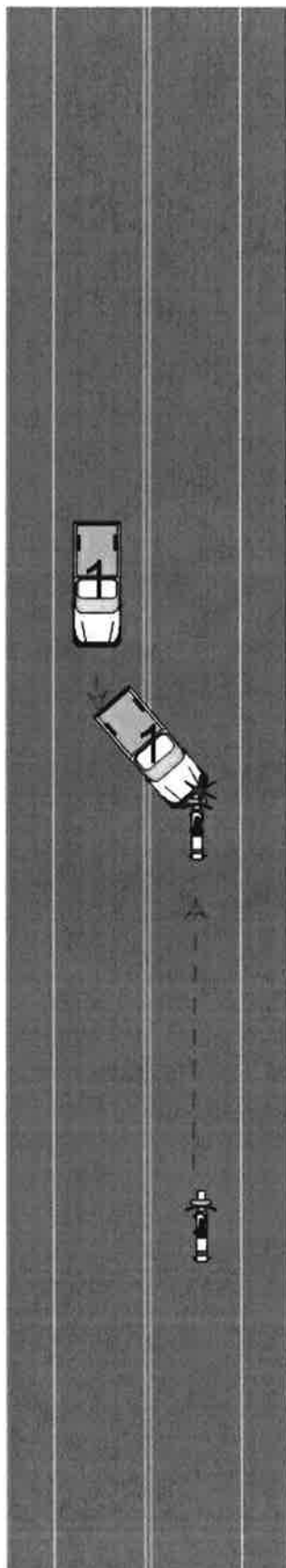
APPROVED BY

SGT. C. VALVICK 71

DATE

7/5/2015 3:53:55 AM

BADGE OR ID #	102	ORI #	WA0311900	TIME POLICE DISPATCHED	4:50 PM	TIME POLICE ARRIVED	4:52 PM
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NOT TO SCALE

1400 BLK E LAKESHORE DR

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-01672

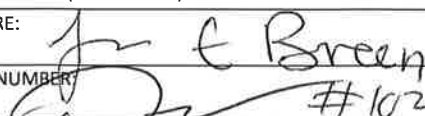
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Breen Jasmine E	RACE	ETH	SEX F	DOB 03/03/93	AGE 22	HGT 5'8"	WGT 131	HAIR B	EYES B
STREET ADDRESS 18918 Broadway Ave		CITY Shonomish		STATE WA		ZIP 98296		RES. STATUS		
HOME PHONE (360) 348 7339		CELL PHONE		PLACE OF EMPLOYMENT Days Inn						
WORK PHONE		EMAIL ADDRESS jazzibreen3393@gmail.com								

I, Jasmine, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

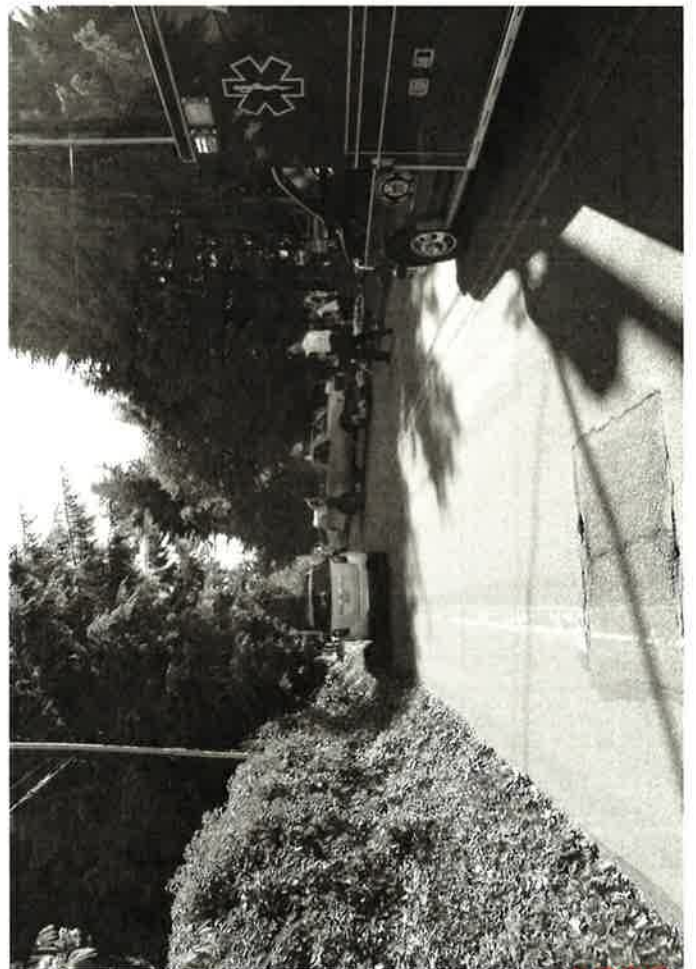
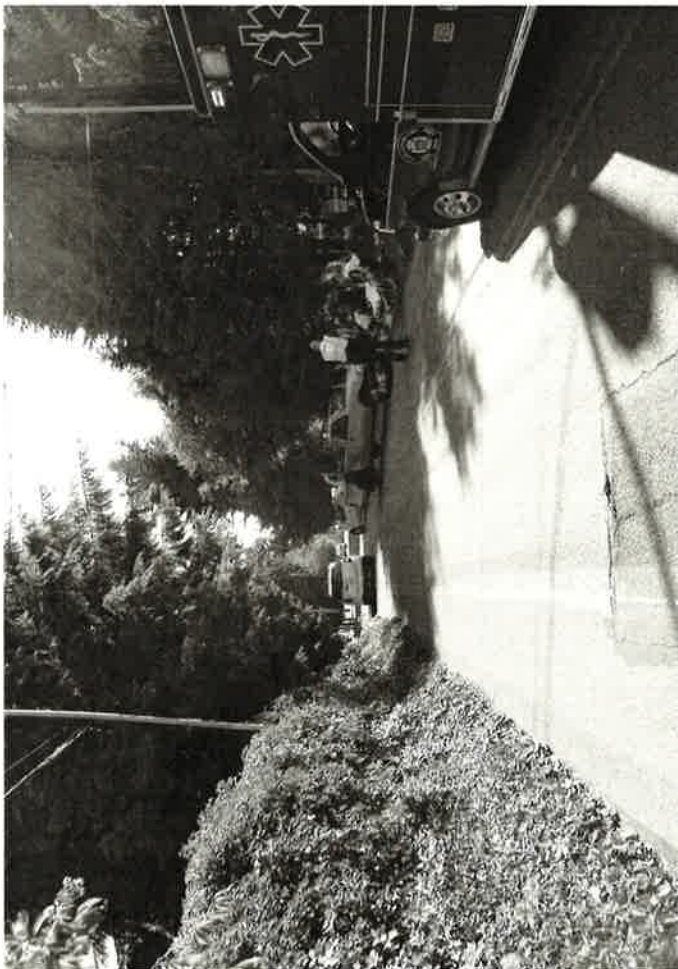
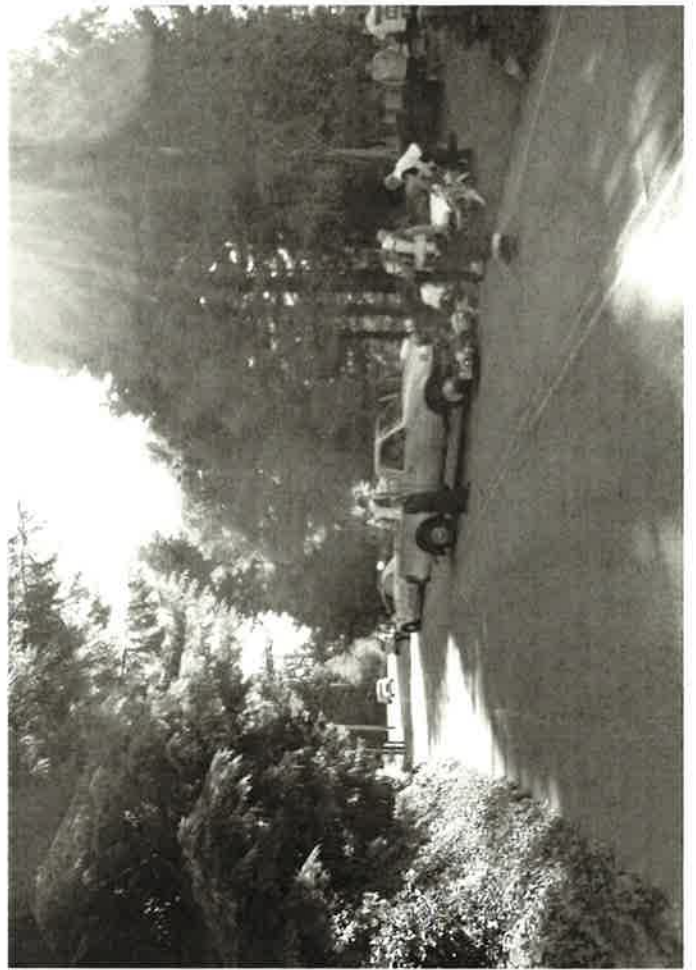
I was heading northbound on eastlake shore.
I stopped ^{completely} to take a left into a driveway watched a car pass and turned. He came out of nowhere and we collided.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

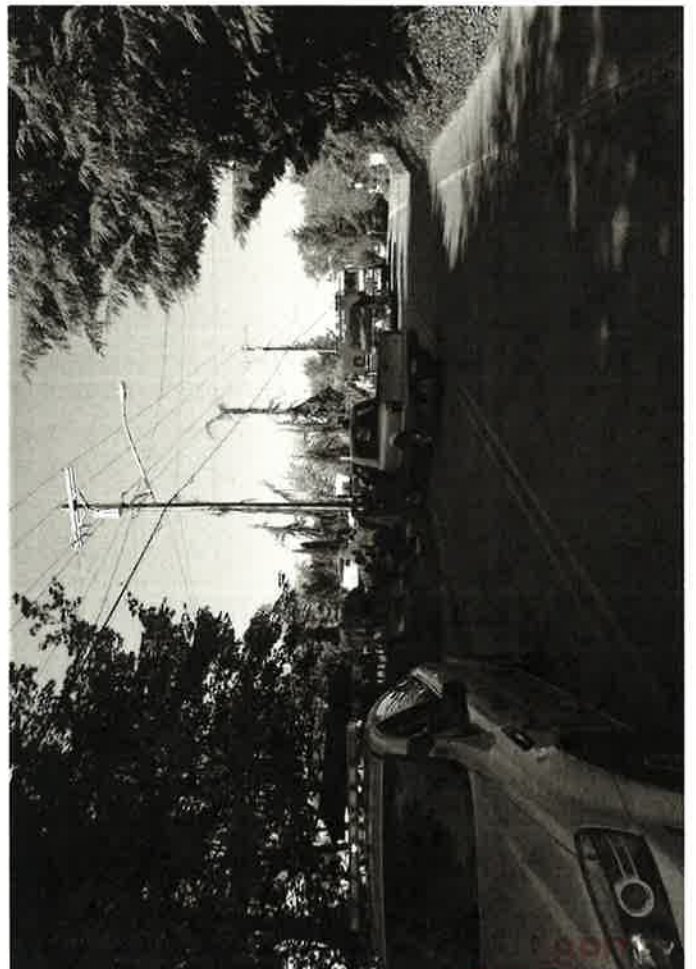
SIGNATURE: 	DATE SIGNED 07/04/15	LOCATION SIGNED
OFFICER/NUMBER #102	DATE SIGNED 7-4-15	LOCATION SIGNED LAKE STEVENS WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

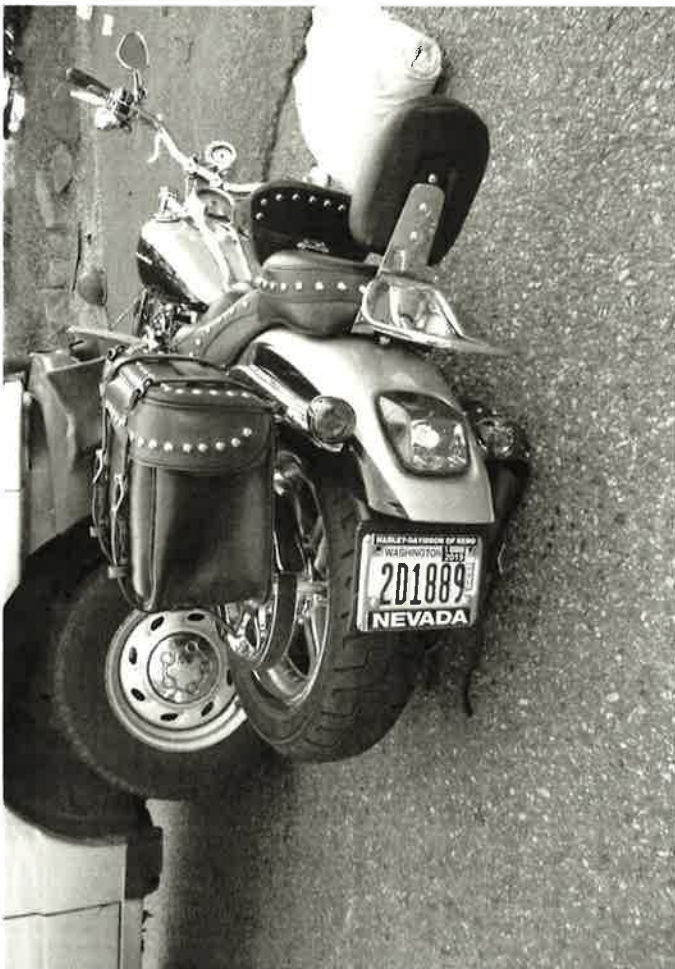


LSPD
ORIGINAL





ORIGINAL



LSPD
ORIGINAL

FAX COVER SHEET

TO:	SNOPAC	FAX:	
FROM:	PLANALP #102	DATE:	7-4-11
CC:		PAGES:	2
RE:	Impound		

☐ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

**** If you have received this fax in error please notify the sender and destroy this document ****

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	1878
DESTINATION ADDRESS	914254073968
SUBADDRESS	
DESTINATION ID	SnoPac
ST. TIME	07/04 18:02
TX/RX TIME	00' 34
PGS.	2
RESULT	OK

LAKE STEVENS POLICE DEPARTMENT

FAX COVER SHEET

**2211 Grade Road
Lake Stevens WA 98258
Phone 425-334-9537 Fax 425-334-9842**



TO:	SNOPAC	FAX:	
FROM:	PLANALP #102	DATE:	7-4-11
CC:		PAGES:	2
RE:	Impound		

WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

LSPD
ORIGINAL

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA OR OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DWI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM

CHECK: INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK: INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE/EVIDENCE NUMBER

15-01672

VEHICLE INFORMATION

VIN UNREADABLE

LICENSE 2D1889	STATE WASHINGTON	YEAR 2003	MAKE HARLEY DAVIDSON (HD)	MODEL FXSTS
<input type="checkbox"/> Report of Sale		MILEAGE UNREADABLE	<input type="checkbox"/> Digital STYLE ROAD / STREET	COLOR GOLD

DRIVER

REGISTERED OWNER

LEGAL OWNER

 NAME (LAST, FIRST, MI)
 GAVOSTO JR, THOMAS S

 NAME (LAST, FIRST, MI)
 GAVOSTO JR, THOMAS S

 NAME (LAST, FIRST, MI)
 LEGAL SAME

 STREET ADDRESS
 11724 2ND PL NE

 STREET ADDRESS
 11724 2ND PL NE

STREET ADDRESS

 CITY, STATE, ZIP CODE
 LAKE STEVENS, WA 98258

 CITY, STATE, ZIP CODE
 LAKE STEVENS, WA 98258

CITY, STATE, ZIP CODE

 PHONE
 DOB
 3/27/1956

PHONE

PHONE

AUTHORIZATION AND RECEIPT

ON 7/4/2015 AT 17:36 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS

IN THE DESCRIBED VEHICLE, I AUTHORIZED: RESCUE (TOWING FIRM) 5745007 (DOL TRUCK NO.)

DRIVEN BY: RAMA (DRIVER'S PRINTED FIRST AND LAST NAME) TO REMOVE THIS VEHICLE FROM 1400 E LAKESHORE DR (LOCATION)

EQUIPMENT

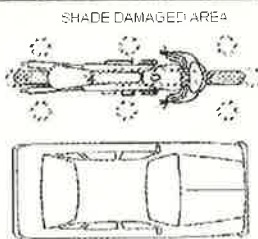
DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

- ☒ [1] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(S)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR / LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☒ OTHER SADDLE BAG

- ☒ FRONT
☒ R FRONT
☒ R SIDE
☒ R REAR
☒ L FRONT
☒ L SIDE
☒ L REAR
☒ REAR
☒ TOP
☒ UNDERCARRIAGE
☐ OTHER



INVENTORY

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

2 vehicle collision. Driver transported to hospital.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.
 ☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC SIGNATURE

K. Parnell #0135

SNOHOMISH, WA
COUNTY, WA0135
BADGE NOLake Stevens PD
AGENCY

3000-110-076 (R 07/13)

 LSPD
 ORIGINAL

0

Case # 15-01672

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number D. PLANALPH102		Case Number 15-01672			
Type of Crime: <u>Felony / Misdemeanor</u> (Circle)		Type of Case: <u>VEH COLLISION</u>		Date/Time: <u>7-4-15 / 1745</u>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification					
Item # DP-1 Action # 3	Item CD with pics		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC	✓	Date:	CAD/RMS Checked	ROUTING:	
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room		
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File		

ROUTING: _____
White: Property Room
Yellow: Case File

Closed	07/04/15	17:47:50
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Loc: 1414 E LAKESHORE DR , LKS btwn 14 ST NE & MAIN ST (V)

Phone: 3603487339

/1649	(SP0213)	ENTRY		,AC, MC VS SILVER PC, BLOCKING, MC HAS BROKEN LEG, EMT OS
/1649		CROSS		#AG15001974
/1650	(SP0331)	DISPER	19D1	#SS102 PLANALP, OFFICER (DANIEL)
/1650		ASSTER	19D2	[1414 E LAKESHORE DR , LKS]
				#SS0135 PARNELL, OFFICER (KRISTEN)
				#SS126 HINGTGEN, OFFICER (MICHAEL)
/1652		ONSCNE	19D1	
/1653		ONSCNE	19D2	
/1654	(*****)	REMINQ	19D1	B36463R
/1654	(SP0331)	REMINQ	19D1	LIC, 19D1, B36463R, , ,
/1654	(*****)	REMINQ	19D1	2D1889
/1654	(SP0331)	REMINQ	19D1	LIC, 19D1, 2D1889, , ,
/1700		ROTREQ	19D1	TOW 5024 LKS ANGEL TRANSPORT & TOWING
				3605680918
/1702		ROTREQ	19D1	TOW 5745 LKS RESCUE TOWING
				4253345821
/1703		MISC	19D1	, ANGEL HAS NO FLATBED, COULDN'T GET IT
/1704		ASNCAS	19D1	\$SS15001672
/1711	(SS102)	REMINQ	19D1	MDTVEH, 2D1889, , WA, , , , , , , , ,
/1713		REMINQ	19D1	MDTWANT, , , , , , WA, GAVOSTS449D7, , , , , , , , , ,
/1720	(SP0346)	ASSTER	19S12	[1414 E LAKESHORE DR , LKS]
				#SS79 SUMMERS, SGT (ROBERT)
/1723		CHGLOC	19D1	[11724 2 PL NE]
/1724		ONSCNE	19S12	
/1724		\$PREMPT	19S12	
/1726	(SS102)	REMINQ	19D1	MDTVEH, ALS1352, , WA, , , , , , , , ,
/1726		*ONSCNE	19D1	
/1728		REMINQ	19D1	MDTWANT, , , , , , WA, KILLICJ425KR, , , , , , , , , ,
/1732	(SP0346)	CHGLOC	19D1	[PD]
/1733	(SS0135)	*CLEAR	19D2	D/D
/1747	(SP0331)	CLEAR	19D1	D/H
/1747		CLOSE	19D1	

**LSPD
ORIGINAL**